

2021 Texas Notifiable Conditions

Report all suspected cases to

San Antonio Metropolitan Health District, unless noted by *

Reporting forms are available at <http://www.sanantonio.gov/Health/HealthProfessionals/ReportableDiseases>.

Call as indicated for immediately reportable conditions

Epidemiology Program 24/7 Main Line: (210) 207-8876 Fax: (210) 207-8807			
Condition	When to Report	Condition	When to Report
Amebic meningitis and encephalitis	Within 1 week	Leishmaniasis	Within 1 week
Anaplasmosis	Within 1 week	Listeriosis ⁵	Within 1 week
Anthrax¹	Call Immediately	Lyme disease	Within 1 week
Arboviral infections ^{2,3}	Within 1 week	Malaria	Within 1 week
*Asbestosis ⁴	Within 1 week	Measles (rubeola)	Call Immediately
Ascariasis	Within 1 week	Meningococcal infection, invasive (<i>Neisseria meningitidis</i>)⁵	Call Immediately
Babesiosis ³	Within 1 week	Mumps	Within 1 work day
Botulism (adult and infant)^{5,6,7}	Call Immediately	Paragonimiasis	Within 1 week
Brucellosis^{1,7}	Within 1 work day	Pertussis	Within 1 work day
Campylobacteriosis	Within 1 week	*Pesticide poisoning, acute occupational ¹⁸	Within 1 week
*Cancer ⁸	See rules ⁶	Plague (<i>Yersinia pestis</i>)^{1,7}	Call Immediately
Candida auris^{5,9}	Within 1 work day	Poliomyelitis, acute paralytic	Call Immediately
Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE)¹⁰	Within 1 work day	Poliovirus infection, non-paralytic	Within 1 work day
Chagas disease ³	Within 1 week	Prion disease such as Creutzfeldt-Jakob disease (CJD) ¹⁹	Within 1 week
Chickenpox (varicella) ¹¹	Within 1 week	Q fever	Within 1 work day
*Contaminated sharps injury ¹²	Within 1 month	Rabies, human	Call Immediately
*Controlled substance overdose¹³	Report Immediately	Rubella (including congenital)	Within 1 work day
Coronavirus, novel¹⁴	Call Immediately	Salmonellosis, including typhoid fever ⁵	Within 1 week
Cryptosporidiosis	Within 1 week	Shiga toxin-producing <i>Escherichia coli</i> ⁵	Within 1 week
Cyclosporiasis	Within 1 week	Shigellosis	Within 1 week
Cysticercosis	Within 1 week	*Silicosis ²⁰	Within 1 week
Diphtheria⁵	Call Immediately	Smallpox¹	Call Immediately
*Drowning/near drowning ¹⁵	Within 10 work days	*Spinal cord injury ¹⁵	Within 10 work days
Echinococcosis	Within 1 week	Spotted fever rickettsioses	Within 1 week
Ehrlichiosis	Within 1 week	Streptococcal disease (<i>S. pneumo.</i> ⁵), invasive	Within 1 week
Fascioliasis	Within 1 week	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection	Within 1 week
<i>Haemophilus influenzae</i> , invasive ⁵	Within 1 week	Tetanus	Within 1 week
*Hansen's disease (leprosy) ¹⁶	Within 1 week	Tick-borne relapsing fever	Within 1 week
Hantavirus infection	Within 1 week	*Traumatic brain injury ¹⁵	Within 10 work days
Hemolytic uremic syndrome (HUS)	Within 1 week	Trichinosis	Within 1 week
Hepatitis A	Within 1 work day	Trichuriasis	Within 1 week
Hepatitis B, C, and E (acute)	Within 1 week	Tularemia¹	Call Immediately
Hepatitis B infection identified prenatally or at delivery (mother)	Within 1 week	Typhus	Within 1 week
Hepatitis B, perinatal (HBsAg+ < 24 months old) (child)	Within 1 work day	Vancomycin-intermediate <i>Staph aureus</i> (VISA)⁵	Call Immediately
Hookworm (ancylostomiasis)	Within 1 week	Vancomycin-resistant <i>Staph aureus</i> (VRSA)⁵	Call Immediately
Influenza-associated pediatric mortality	Within 1 work day	<i>Vibrio</i> infection, including cholera⁵	Within 1 work day
Influenza, novel	Call Immediately	Viral hemorrhagic fever (including Ebola)⁷	Call Immediately
*Lead, child blood, any level & adult blood, any level¹⁷	Call/Fax Immediately	Yellow fever	Call Immediately
Legionellosis	Within 1 week	Yersiniosis	Within 1 week
In addition to specified reportable conditions, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available. This includes any case of a select agent.⁷			
See select agent list at https://www.selectagents.gov/selectagentsandtoxinslist.html			

*See condition-specific footnote for reporting contact information

Report to STDs/ HIV Program			
Main Line: (210) 207-8830		Fax: (210) 207-2116	
Condition	When to Report	Condition	When to Report
Acquired immune deficiency syndrome (AIDS) ²¹	Within 1 week	Human immunodeficiency virus (HIV), acute infection ^{21, 22}	Within 1 work day
Chancroid ²¹	Within 1 week	Human immunodeficiency virus (HIV), non-acute infection ^{21,22}	Within 1 week
<i>Chlamydia trachomatis</i> infection ²¹	Within 1 week	Syphilis – all other stages ^{21,23}	Within 1 week
Gonorrhea ²¹	Within 1 week	Syphilis – primary and secondary stages ^{21,23}	Within 1 work day
Report to Tuberculosis Program			
Main Line: (210) 207-8823		Fax: (210) 207-8779	
Tuberculosis infection ²⁴	Within 1 week	Tuberculosis (<i>Mycobacterium tuberculosis</i> complex) ^{5,25}	Within 1 work day

2021 Texas Notifiable Conditions Footnotes

- Lab isolate should be sent to San Antonio Metropolitan Health District (Metro Health) lab. Call 210-207-5883 for specimen submission information.
- Arboviral infections including, but not limited to, those caused by California serogroup virus, chikungunya virus, dengue virus, Eastern equine encephalitis (EEE) virus, St. Louis encephalitis (SLE) virus, Western equine encephalitis (WEE) virus, West Nile (WN) virus, and Zika virus.
- All blood collection centers should report all donors with reactive tests for West Nile virus, Zika virus, *Babesia* species and *Trypanosoma cruzi* (Chagas disease) to the DSHS Zoonosis Control Branch. If your center uses a screening assay under an IND protocol, please include results of follow-up testing as well. Fax the report to Metro Health at 210-207-8807 and send to DSHS by secure email to WNV@dshs.texas.gov or fax the report to 512-776-7454. Providing the following data points will suffice: Collection Agency; Unique BUI #; Test Name, Collection Date; Last Name, First Name, Donor Phone Number, Donor Address, Date of Birth, Age, Sex, Race, and Hispanic Ethnicity (Y/N).
- For asbestos reporting information see <http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/>.
- Lab samples of the following must be sent to the Department of State Health Services, Laboratory Services Section, 1100 West 49th Street, Austin, Texas 78756-3199 or other public health laboratory as designated by the Department of State Health Services: *Candida auris* isolates, *Clostridium botulinum* isolates, *Corynebacterium diphtheriae* isolates, *Haemophilus influenzae* isolates from normally sterile sites in children under five years old, *Listeria monocytogenes* isolates, *Neisseria meningitidis* isolates from normally sterile sites or purpuric lesions, *Salmonella* species isolates (also requested - specimens positive for *Salmonella* by culture-independent diagnostic testing (CIDT) methods), Shiga toxin-producing *Escherichia coli* (all *E.coli* O157:H7 isolates and any *E.coli* isolates or specimens in which Shiga toxin activity has been demonstrated), isolates of all members of the *Mycobacterium tuberculosis* complex, *Staphylococcus aureus* with a vancomycin MIC greater than 2 µg/mL (VISA and VRSA), *Streptococcus pneumoniae* isolates from normally sterile sites in children under five years old, and *Vibrio* species isolates (also requested - specimens positive for *Vibrio* by culture-independent diagnostic testing (CIDT) methods). Pure cultures (or specimens) should be submitted as they become available accompanied by a current department Specimen Submission Form. See the Texas Administrative Code (TAC) Chapter 97: §97.3(a)(4), §97.4(a)(6), and §97.5(a)(2)(C). Call 512-776-7598 for specimen submission information.
- Report suspected botulism immediately by phone to 210-207-8876.
- Please secure select agent isolates and specimens in accordance with the guidance in the [Select Agent Regulation](#), and immediately initiate a consultation with public health regarding need for further testing or sequencing. Notify any transfer facilities of any test results of high consequence/interest
- For more information on cancer reporting rules and requirements go to <http://www.dshs.state.tx.us/tcr/reporting.shtm>.
- See additional *Candida auris* reporting information at https://www.dshs.texas.gov/IDCU/health/antibiotic_resistance/Cauris-Home.aspx.
- See additional CRE reporting information at http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/Reporting-CRE.doc.
- For Varicella (Chickenpox) reporting see <https://www.sanantonio.gov/Health/HealthProfessionals/ReportableDiseases> for the Varicella Reporting Form.
- Applicable for governmental entities. Not applicable to private facilities. (TAC §96.201) Initial reporting forms for Contaminated Sharps at http://www.dshs.texas.gov/idcu/health/infection_control/bloodborne_pathogens/reporting/.
- To report a Controlled Substance Overdose, go to <http://odreport.dshs.texas.gov/>.
- Novel coronavirus causing severe acute respiratory disease includes Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).
- Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.state.tx.us/injury/rules.shtm>.
- Reporting forms are available at <https://www.dshs.texas.gov/idcu/disease/hansens/forms.shtm>. Fax the completed reporting form to 512-533-3167 and call 1-800-252-8239 or 512-533-3000.
- For lead reporting information see <http://www.dshs.texas.gov/lead/Reporting-Laws-Administrative-Code.aspx>.
- For pesticide reporting information see <http://www.dshs.texas.gov/epitox/Pesticide-Exposure/#reporting>.
- For purposes of surveillance, CJD notification also includes Kuru, Gerstmann-Sträussler-Scheinker (GSS) disease, fatal familial insomnia (FFI), sporadic fatal insomnia (sFI), Variably Protease-Sensitive Prionopathy (VPSPr), and any novel prion disease affecting humans.
- For silicosis reporting information see <http://www.dshs.state.tx.us/epitox/Asbestosis-and-Silicosis-Surveillance/>.
- Please refer to specific rules and regulations for HIV/STD reporting and who to report to at: <http://www.sanantonio.gov/Portals/0/Files/health/HealthProfessionals/ReportableConditions-STDs.pdf>
- Any person suspected of having HIV should be reported, including HIV exposed infants.
- Laboratories should report syphilis test results within 3 work days of the testing outcome.
- TB infection is determined by a positive result from an FDA-approved Interferon-Gamma Release Assay (IGRA) test such as T-Spot® TB or QuantiFERON® - TB GOLD In-Tube Test or a tuberculin skin test, and a normal chest radiograph with no presenting symptoms of TB disease. See rules and reporting information at <http://www.dshs.state.tx.us/idcu/disease/tb/reporting/>. Please report skin test results in millimeters.
- Reportable tuberculosis disease includes the following: suspected tuberculosis disease pending final laboratory results; positive nucleic acid amplification tests; clinically or laboratory-confirmed tuberculosis disease; and all *Mycobacterium tuberculosis* (*M. tb*) complex including *M. tuberculosis*, *M. bovis*, *M. africanum*, *M. canettii*, *M. microti*, *M. caprae*, and *M. pinnipedii*. See rules and reporting information at <http://www.dshs.texas.gov/idcu/disease/tb/reporting/>.

San Antonio Metropolitan Health District

Epidemiology Program
Phone (210) 207-8876 / Fax (210) 207-8807

Sexually Transmitted Diseases/HIV Program
Phone (210) 207-8830 / Fax (210) 207-2116

Tuberculosis Program
Phone (210) 207-8823 / Fax (210) 207-8779